

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 20 1997 8:00am Secretary of State	
DOCUMENT # 357156 (9) 1. Corporation Name STONEHAVEN OF FLORIDA INC				[Barcode]	
Principal Place of Business 23312 BOCA CHICA CIRCLE BOCA RATON FL 33433		Mailing Address 23312 BOCA CHICA CIRCLE BOCA RATON FL 33433-7261		3. Date Incorporated or Qualified 12/23/1969 3a. Date of Last Report 02/09/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		4. FEI Number 59-1308293 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution X \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent APPLE, WILLIAM D 23312 BOCA CHICA CIRCLE BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
P APPLE, WILLIAM D 23312 BOCA CHICA CIRCLE BOCA RATON FL ST APPLE, OLIVEOSE 23312 BOCA CHICA CIRCLE BOCA RATON FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: William D Apple 3/15/97 561-391-7270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)